

**Municipal Court  
Records Request  
Form**



# New Jersey Judiciary Records Request Form

Request Date

Preferred Delivery

 Pick Up US Mail On Site Inspection Fax Email

Request Needed By

**Part A: Requestor Identification**

|           |       |                |   |  |
|-----------|-------|----------------|---|--|
| Last Name |       | Middle Initial | First Name                                    |  |
| Address   |       |                | Daytime Telephone (Include area code)<br>ext. |  |
| City      | State | Zip Code       | Fax/Email (optional)                          |  |

**Part B: Records Request Processing Location**

Please select one of the locations below to process your records request.

|  |  |  |
|--|--|--|
| County _____   | <input type="checkbox"/> Appellate Division Clerk's Office | <input type="checkbox"/> Office of the Administrative Director |
| Division _____   | <input type="checkbox"/> Supreme Court Clerk's Office      | <input type="checkbox"/> Municipal Court _____                 |
| <input type="checkbox"/> Superior Court Clerk's Office | <input type="checkbox"/> Tax Court Clerk's Office          | <input type="checkbox"/> Other _____                           |

**Part C: Case Identification**

|   |  |               |                                 |   |  |
|---|--|---------------|---------------------------------|---|--|
| Case Name   |  |               | Docket/Complaint/Ticket Number* |   |  |
| *In Criminal and Municipal Cases, if you do not know the docket number, please provide Defendant's information:<br>Defendant Name and alias(es), if any |  |               | Defendant Birth Date            | Last 4 digits of Defendant's Social Security Number |  |
| Indictment/Arrest Date  | Indictment/Accusation/<br>Complaint/Municipal Number | Appeal Number | Sentencing Date                 | Name of Sentencing Judge                            |  |

**Part D: Records Requested by Division**

Please describe records requested as completely as possible. Include any case numbers, dates and names of individuals involved. Attach additional pages if necessary.

**Part E: Copy Fees**

|   |  |   |   |
|---|--|---|---|
| Copy Fees:<br>5¢ per page letter size<br>7¢ per page legal size | Special Copy Requests - <b>Additional fees will be charged</b><br><input type="checkbox"/> Seal only<br><input type="checkbox"/> Certified with Seal | <input type="checkbox"/> Certified without Seal<br><input type="checkbox"/> Exemplified (includes Seal) | Are you a named party or attorney in this case?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|---|

**For Judiciary Use Only**

|  |                  |
|--|------------------|
| Disposition<br><input type="checkbox"/> Delivered <input type="checkbox"/> Denied <input type="checkbox"/> Unavailable | Disposition Date |
|--|------------------|

If request is denied or records are unavailable, explain here. Attach additional pages if necessary.